

RENEWAL APPLICATION FOR A STATE LICENSE TO OPERATE A FAMILY DAY SYSTEM

THIS APPLICATION SHALL BE SIGNED BY THE INDIVIDUAL RESPONSIBLE FOR OPERATION OF THE FAMILY DAY SYSTEM OR, IF THE FAMILY DAY SYSTEM IS TO BE OPERATED BY A BOARD, BY AN OFFICER OF THE BOARD, PREFERABLY THE CHAIRMAN. IT SHOULD BE FILED TWO MONTHS IN ADVANCE OF THE PLANNED OPENING DATE OR TWO MONTHS IN ADVANCE OF THE EXPIRATION OF THE CURRENT LICENSE. THE LICENSING STUDY WILL BEGIN WHEN A COMPLETED APPLICATION IS RECEIVED.

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A FAMILY DAY SYSTEM PURSUANT TO SECTION 63.2-100, *CODE OF VIRGINIA*.

NAME OF APPLICANT _____

ADDRESS _____
STREET OR ROUTE NUMBER CITY STATE ZIP

IN MAKING THIS APPLICATION, I STATE THAT:

1. I AM IN RECEIPT OF AND HAVE READ A COPY OF THE LICENSING STATUTE AND THE MINIMUM STANDARDS FOR LICENSED FAMILY DAY SYSTEMS.
2. I CERTIFY THAT IT IS MY INTENT TO COMPLY WITH THE AFOREMENTIIONED MINIMUM STANDARDS AND APPLICABLE STATUTES AND TO REMAIN IN COMPLIANCE WITH THEM IF I AM SO LICENSED.
3. I GRANT PERMISSION TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR IT'S AUTHORIZED AGENTS TO MAKE ALL NECESSARY INVESTIGATION OF THE CIRCUMSTANCES SURROUNDING THIS APPLICATION AND ANY STATEMENT MADE HEREIN, INCLUDING FINANCIAL STATUS, INSPECTION OF THE FACILITY AND REVIEW OF RECORDS. I UNDERSTAND THAT, FOLLOWING LICENSURE, AUTHORIZED AGENTS OF THE DEPARTMENT WILL MAKE ANNOUNCED AND UNANNOUNCED VISITS TO DETERMINE ITS COMPLIANCE WITH STANDARDS AND TO INVESTIGATE ANY COMPLAINTS RECEIVED.
4. I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES SHALL REQUEST, AS NEEDED, REPORTS FROM THE LOCAL HEALTH DEPARTMENT, STATE FIRE MARSHAL AND LOCAL FIRE DEPARTMENT.
5. I UNDERSTAND THAT AN APPLICATION FOR A LICENSE IS SUBJECT TO EITHER ISSUANCE OR DENIAL. IN THE EVENT OF DENIAL, IT IS UNDERSTOOD THAT I HAVE THE RIGHT TO REQUEST AN ADMINISTRATIVE HEARING.
6. I AM AWARE THAT IT IS A MISDEMEANOR FOR ANY PERSON TO OPERATE A FAMILY DAY SYSTEM DEFINED IN SECTION 63.1-195, CODE OF VIRGINIA, WITHOUT A LICENSE.
7. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION I HAVE GIVEN TO THE DEPARTMENT OF SOCIAL SERVICES AND/OR IT'S AUTHORIZED AGENTS ON THE ATTACHED FORMS AND DURING ANY PRE-APPLICATION CONFERENCE IS TRUE AND CORRECT. I WILL SUPPLY TRUE AND CORRECT INFORMATION REQUESTED DURING ALL SUBSEQUENT INVESTIGATIONS.

(DATE)

(SIGNATURE)

(POSITION)

(STREET ADDRESS)

(CITY, STATE, ZIP CODE)

(NAME OF CORPORATION, IF ANY)

(BUSINESS TELEPHONE)

(RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS)

RETURN ORIGINAL TO:

RENEWAL APPLICATION INFORMATION

FAMILY DAY SYSTEM

I. IDENTIFYING DATA

- A. Name of Family Day System: _____
- B. Street Address: _____
- C. Telephone Number: _____
- D. Mailing Address: _____
- City & State: _____ Zip Code: _____
- E. Directions to Family Day System Office: _____
- _____
- _____

- F. Name of person(s) ☐ Partnership ☐ Corporation ☐ Unincorporated Association ☐ applying

for the license: _____

- G. Name of System Director: _____

- H. For a System sponsored by either corporation or unincorporated associations, list names and addresses of all Officers of the Board:

OFFICE	NAME	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. SIZE OF THE SYSTEM:

- A. Maximum number of children to be served: _____

- B. Current number of children in care by age groups and type of care:

AGE GROUP		Half Day Care	Full Day Care	Before & After School Care	Evening Care 7 p.m. – 1 a.m.	Overnight Care After 1 p.m.	TOTAL
Infants & Toddlers (Under 2)							
Preschool:	2 years						
	3 - 5 yrs.						
School Age:	6 – 9 yrs.						
	10-14 yrs.						
TOTALS							

- C. Maximum number of homes to be approved as members of the system: _____

D. Number of homes currently approved: _____

E. Geographical dispersion of homes:

1. List counties & cities where homes are located: _____

2. List counties & cities, if any, where services are proposed: _____

III. CHANGES IN GOALS, OBJECTIVES, AND SERVICES

Review the following topics. Note any changes that have occurred or which are contemplated for the coming year. Indicate "No Change" where appropriate.

A. Goals, Reflecting Philosophy and Objectives

☐ No Change

B. Personnel Policies

☐ No Change

C. Approval Criteria for Homes

☐ No Change

D. Monitoring Procedures for Homes

☐ No Change

E. Training for Providers

☐ No Change

F. Technical Assistance to Homes

☐ No Change

G. Referral of Children to Homes

☐ No Change

H. Referral of Children and Their Parents for Health and Social Services

☐ No Change

IV. REQUIRED ATTACHMENTS

A. Financial Information – II, D

Attached

No Change

1. A current balance sheet (032-05-524)

☐

2. Annual Operating Statement and Working Budget (032-05-355)

☐

3. Current fees and payment schedules

☐

B. Staff Information Sheet (032-05-356)

☐

C. Organizational Chart – II, B, 3. h

☐☐

D. Copies of New or Revised Forms and/or Brochures

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